

BINGHAM MCCUTCHEN

RECEIVED  
CENTRAL FAX CENTER

MAR 31 2005

## Facsimile

DATE March 31, 2005

	NAME	FAX	PHONE
TO	Examiner Alina N. Boutah Group Art Unit 2143 TC2100 United States Patent and Trademark Office	703-872-9306	703-305-5104

Bingham McCutchen LLP  
1900 University Avenue  
East Palo Alto, CA  
94303-2223

(650) 849-4400  
(650) 849-4800 fax

bingham.com

Boston  
Hartford  
London  
Los Angeles  
New York  
Orange County  
San Francisco  
Silicon Valley  
Tokyo  
Walnut Creek  
Washington

FROM Saina S. Shamilov (650) 849-4800 (650) 849-4400  
saina.shamilov@bingham.com

PAGES (including this cover page): 5

RE U.S. Patent Application Serial No. 09/592,309  
Filed: June 13, 2000  
Title: SHARED WEB BROWSER APPARATUS AND METHOD FOR  
INTERACTION COMMUNICATION  
Applicant: Manu Kumar  
Assignee: E.piphany, Inc.  
Attorney Docket No.: EPI-024 US (7008092001)

## Message:

## Certificate of Transmission (37 C.F.R. § 1.8(a)):

Pursuant to 37 C.F.R. § 1.8(a), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner Alina N. Boutah, TC2100 (Group Art Unit 2143) at Facsimile No. (703) 872-9306.

Dated: March 31, 2005

Name of Person Certifying: *Sheila Badon*

Printed Name: Sheila Badon

## Enclosed:

- Fee Transmittal (1 pg.);
- Petition for Extension of Time (1 pg.);
- Request For Continued Examination (1 pg.).

For transmission problems, please call (650) 849-4825

The information in this transmittal (including attachments, if any) is privileged and confidential and is intended only for the recipient(s) listed above. If you are neither the intended recipient(s) nor a person responsible for the delivery of this transmittal to the intended recipient(s), you are hereby notified that any unauthorized reading, distribution, copying or disclosure of this transmittal is prohibited. If you have received this transmittal in error, please notify us immediately at (same telephone number as in first paragraph - will duplicate) and return the transmittal to the sender. Thank you.

Timekeeper No:	27577	Client/Matter No:	2024489-7008092001	DATE/TIME STAMP
Client/Matter Name:	E.piphany, Inc.			
Return To:	Sheila Badon	Floor No:		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL for FY 2005</b>		Application Number	08/592,309
		Filing Date	June 13, 2000
		First Named Inventor	Manu Kumar
		Examiner Name	A. Boulah
		Art Unit	2143
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	EPI-024 US (7008092001)
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) 1,240	

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 502518 Deposit Account Name: Bingham McCutchen LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) Indicated below ☐ Charge fee(s) Indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

Under 37 CFR 1.16 and 1.17  
**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 30 (including Reissues)

Multiple dependent claims

**Total Claims****-20 or HP=**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****- 3 or HP=**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

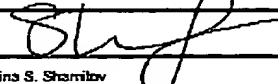
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Request for Continued Examination; Petition for Extension of Time** 1,240**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,288	Telephone	(650) 849-4400
Name (Print/Type)	Saina S. Shamir	Date	March 31, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-765-9199) and select option 2.